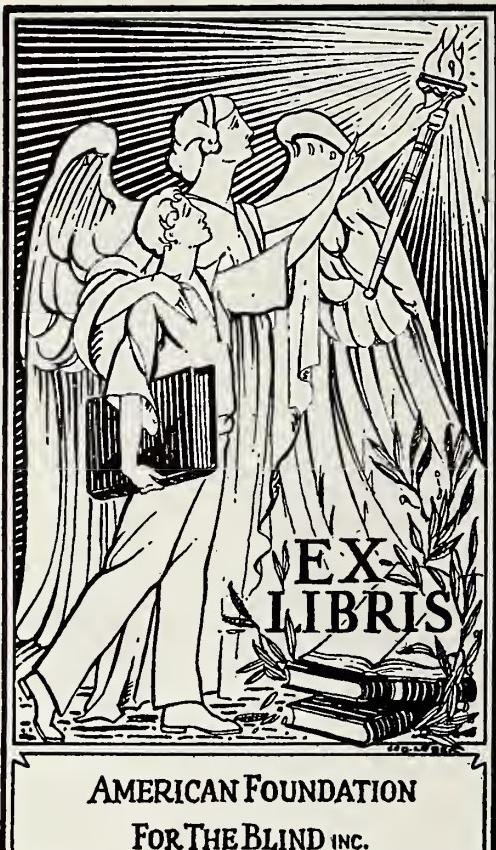


THE DETERMINATION OF THE CAUSES
OF BLINDNESS

H. C. Lamb, M. D.

MS. A. 2. B. 4. L.



HV2332
L
copy 3

THE DETERMINATION OF THE CAUSES OF BLINDNESS

By

H. D. LAMB, M.D.
ST. LOUIS, MO.

Reprinted from
The Journal of the Missouri State Medical Association
June, 1930, pages 283-284

THE DETERMINATION OF THE CAUSES OF BLINDNESS*

H. D. LAMB, M.D.

ST. LOUIS

The determination of the cause of blindness can be made with accuracy in all but a few cases. The all-important point is to reason back to, or to deduce, the primary blinding ocular condition from the changes found at the time of the examination. This presupposes a knowledge of ocular pathology and careful observation of the blinded eyes. The latter is the weak link because when the subject is hopelessly blind the examiner feels that the cause is of little consequence and loses further interest in the eyes.

No more valuable study in ocular pathology is possible than the study of blind eyes. It is analogous in some ways to a postmortem of the body, for in each we attempt to deduce what was the real cause of the destruction. Postmortems are of no value to their subjects and neither are diagnoses on hopelessly blind eyes. But how much more scientific it is to make these determinations accurately.

Our reason for attempting to stimulate this interest in blind eyes is mainly to obtain useful statistics on blindness. Just as postmortem findings are of the greatest value in the treatment of other cases, so the diagnoses on blind eyes are of the greatest importance in the prevention of further blindness.

If the cause of blindness is determined, it should be stated definitely and briefly as an ocular disease or malformation, except in cases of accident. A long detailed description of ocular changes to designate the cause of blindness is usually only confusing to the reader.

The history or patient's account of the ocular condition is in many cases of considerable value, but the signs or actual eye changes present must be the determining factor.

1. It is best to inquire as to injury or trauma. Of course, the examiner is here almost entirely dependent upon the patient's statements. What was the actual destructive agent and could this agent have produced the present ocular changes? If not, the injury should be ignored. If sympathetic trouble is alleged, the uninjured fellow eye should show the characteristic signs of a previous plastic

* This brief article was written especially to stimulate interest in the determination and recording of the causes of blindness in the various state schools for the blind throughout the country. It is the intention, of course, that each year all the records be summarized under the auspices of the American Association of Instructors for the Blind or by one of the national societies for the blind. The suggestions made in regard to diagnoses are those found to be needed from numerous years of observing the usual careless determination of the causes of blindness by the eye physician.

uveitis-clear cornea with the iris atrophic, and *occlusio* or *seclusio pupillae*, or both, frequently with iris *bombé* and low tension.

2. The cause of blindness should never be designated (except *traumata*) by anything but an ocular term. Of course it is valuable to add that the designated ocular changes were due to diseases, such as meningitis, brain tumor, syphilis, typhoid, but to state these latter conditions only as the causes of blindness is not sufficient.

3. The primary ocular change or condition is the one which should always be given as the cause of blindness. Cataract may occur in a microphthalmic eye; uveitis in an eye with parenchymatous keratitis; or glaucoma after cataract changes or after cataract extraction; but the cause of blindness is the microphthalmus, parenchymatous keratitis or cataract.

4. To say that corneal opacities, pannus, staphyloma, *occlusio pupillae*, or vitreous opacities is the cause of blindness, is to name the results or effects in place of the original cause. Only the ocular disorder that produced the eye changes should be given.

5. The simple terms "keratitis" and "retinitis" are of no significance; there are many varieties of each.

6. There should be little confusion regarding the diagnosis of ophthalmia neonatorum. A perforating corneal ulcer resulting from a purulent conjunctivitis under 6 months of age should be put in that class.

7. An uveitis or destructive inflammatory involvement of the ciliary body with either the iris or the choroid, or both, is a very definite and easily recognized condition.

8. Of course no eye should be called simply cataractic where the vision is nil or light projection is faulty. Such cases can only be called complicated cataract, except where there is poor light projection in secondary cataract.

9. The use of the terms "congenital amblyopia" and "congenital amaurosis" is bad. Where no apparent changes can be made out in a blind eye, the meaning desired can be conveyed by stating that postocular amblyopia or amaurosis is present.

10. Medically speaking, there is no such condition as congenital blindness; there is only blindness resulting from some well recognized hereditary or congenital ocular change, which should be named. A sharp distinction should be made between hereditary and congenital conditions, the qualification, "hereditary," be-

CAUSES OF BLINDNESS—LAMB

ing used only when the same ocular change appears in more than two generations.

11. In cases of atrophy of the eyeball, apart from wounds, the original ocular disease of uveitis, glaucoma or corneal ulceration may often be determined by a study of the corneal, scleral and iritic changes. Where phthisis bulbi has occurred, however, it is impossible to tell anything of the condition which caused the panophthalmitis. Here recourse is limited to the patient's statements.

12. It is not uncommon to have one eye blinded from one cause and the fellow eye from

an entirely different etiology. It must be made plain in listing causes of blindness that such is the case. The author suggests using R and L to designate each eye and indicating the corresponding fellow eyes as R^A L^A, R^B L^B.

There is appended a form for tabulating causes of blindness, sex, vision, age of entering school, age at loss of sight, and color of blind persons. It would seem best to have copies of this, or a similar form, sent to each school for the blind. Findings would thus be uniform and therefore comparable.

For the period of.....in.....

Causes of Blindness	Totals	Male	Female	Vision	Age	Age Lost Sight	Color W.B.
Optic atrophy							
Ophthalmia neonatorum							
Glaucoma							
Corneal ulceration							
Trauma, simple							
Trauma and sympathetic ophthalmia							
Cataract							
Hereditary cataract							
Uveitis							
Choroiditis and chorioretinitis							
Retinal degeneration							
Trachoma							
Hydrophthalmus							
Microphthalmus							
Parenchymatous keratitis							
Prenatal corneal opacity							
Optic neuritis							
Myopia							
Retinal detachment							
Keratoconus							
Anophthalmus							
Aniridia							
Coloboma of iris, choroid or optic nerve							
Hereditary dislocation of lenses							
Amblyopia ex anopsia							
Phlyctenular keratitis							
Albino							
Postocular amblyopia							
Malignant growth							
Vascular changes in retina or optic nerve							
Essential shrinking of conjunctiva							
Postocular changes							
Burns, chemical and fire							
Complicated cataract							
Phthisis bulbi							

REMARKS:

Date

Eye Physician

(FRONT OF CARD)

Accession No. Name Date of examination

Age Age became blind

Cause of blindness assigned, on application

Cause of blindness corrected diagnosis of

Vision Right eye Left eye

Condition of eyes: Right Left

(BACK OF CARD)

Stigmata of general defects or diseases

Recommendations

Operation Recommended Written

Permission given Refused Date of operation

School for the blind Ophthalmologist

This record card for the individual blind pupil might well be the one now in use in many schools for the blind, adopting an orange colored one for boys and a blue one for girls. There are blank spaces for all the data on the proposed summary blank. There is printed here the headings on the front and back of this 5 by 8 inch card.



Digitized by the Internet Archive
in 2015

<https://archive.org/details/determinationfc00byhd>

Bro-Dart INDUSTRIES
P.O. Box 470 • Los Angeles 25, Calif.
Toledo 3-2222 Made in U.S.A.

